

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S55195** (9)
1. Corporation Name
MEL AND SUE OF BOCA, INC.



Principal Place of Business 34850 S.W. 187TH AVE HOMESTEAD FL 33034	Mailing Address 34850 S.W. 187TH AVE HOMESTEAD FL 33034
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 554 NE 1ST AVENUE Suite, Apt. #, etc. 22 City & State 23 FLORIDA CITY, FL Zip 24 33034 Country 25 DADE		2a. Mailing Address 26 554 NE 1ST AVENUE Suite, Apt. #, etc. 27 City & State 28 FLORIDA CITY, FL Zip 29 33034 Country 30 DADE		3. Date Incorporated or Qualified 05/24/1991	
		4. FEI Number 65-0275872		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**RIFF, MELVIN D
34850 SW 187 AVENUE
HOMESTEAD FL 33034**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	554 NE 1ST AVENUE
83	
84 City	FLORIDA CITY FL
85 Zip Code	33034

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFF, MEL	1.2 NAME	
STREET ADDRESS	3666 KLEBBA	1.3 STREET ADDRESS	554 NE 1ST AVENUE
CITY - ST - ZIP	COCONUT GROVE FL	1.4 CITY - ST - ZIP	FLORIDA CITY, FL 33034
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFF, SUE	2.2 NAME	
STREET ADDRESS	3666 KLEBBA	2.3 STREET ADDRESS	554 NE 1ST AVENUE
CITY - ST - ZIP	COCONUT GROVE FL	2.4 CITY - ST - ZIP	FLORIDA CITY, FL 33034
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Melvin D. Riff MELVIN D. RIFF 3/27/98 305-247-4400

CR2E034 (10/97)